03968

3984

CERTIFICATE OF DEATH

Reg. Dist. No. //6

1. PLACE OF	DEATH				2. USUAL RESID	ENCE (HOME) OF D	ECEASED	
COUNTY	Dorchester		MARYL	AND	STATE Maryl	and county	Dorches	ter
CITY (If outs OR and gi	ide corporete limits, writ	e RURAL	LENGTH C		CITY (Il outside co	orporete limits, write RURAL	end give nearest to	wn)
	Cambridge		60 ye		TOWN Camb	ridge		13
HOSPITAL OR					STREET ADDRESS		ive location)	1
STREET ADDRE		ge-Maryla	and Hospi	ital		en St.		
3. NAME OF	(first)		(Middle)		(Lost)	4. DATE (Mo	nth) (Day	(Year)
(Type or Print)	John	V	esley		Aa ron	DEATH A	pr.4.1950	5 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MA	RRIED,	B. DATE C	OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEA	R IF UNDER 24 HRS
Male	White	WIDOWED, (Specify)	farried	May 8	.1880	75 yrs.	Months Day	B Hours Min.
10+. USUAL OCCU	PATION (Give kind of nost of working life, ev		KIND OF BUSINES		11, BIRTHPLACE (State or I		12, CIT	IZEN OF WHAT
retired) (an	ning Plant	Night Wa	or industry		Rarren Tsl	and. Dor Co.	CO	U.S.
13. FATHER'S NA		1126140 110	CONTAINCAL	1	1 14. MOTHER'S MAID		<u> </u>	037.0
	Richard	Aaron			Victoria	(last name	unknown)	
15. WAS DECEAS	ED EVER IN U. S. ARM		16. SOCIAL SEC	URITY NO.	17. INFORMANT		6 West Er	nd Ave.
(Yes, no, or unk.)	(If Yes, give wer or de		217-10-	8775		ed Corbman, Ca		
			18. ME		RTIFICATION	de Colonelli, Ca		NTERVAL BETWEEN
I DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEAT	TH			1 .		DINSET AND DEATH
2122 . 1 IM	MEDIATE CAUSE	(A)	My	700	when .	forly		Week
	ernelal evenerial	DUE TO			when?	. (1)		
DISEASES OR CO	NDITIONS, IF ANY, THE ABOVE CAUSE	(8)	Man	7/	elezet			
STATING UNDERLY	THE ABOVE CAUSE	C)			de	e		2
	ANT CONDITIONS CON	NTRIBUTING						
	BUT NOT RELATED TO T							
19e. DATE OF OPE	RATION 196	. MAJOR FINDING	S OF OPERATIO	N	*****			20. AUTOPSY?
21a ACCIDENT W	AS UNDERLYING	21h BLACE (H	ome, farm, fector		21c. WHERE DID INJURY OC	CHD3 (City on Anyon)		/ES NO
OR CONTRIBUTING	CAUSE OF DEATH		ome, tarm, tector it, office bldg., etc		ZIE. WHERE DID INJOKT OC	COR! (Cily of lown)	(County)	(Stete)
			Ile. INJURY OCC		21f. HOW DID INJURY OC	CUR?		
				work				
22. I hereby	certify that I at	tended the de	ceased from	uren :	10.456 A., to A.	r. 4. 1950	that I last	saw the deceased
alive on A	pril 4, 1	950	nd that death	occurred at	10.45 A from the	eauses and on the	date stated ab	ave
SIGNATU	₹E)	·	0	00000000	At	DRESS (Street, city, toy	rn, slete)	DATE SIGNED
	Tryn	- ne	~ = X	M.D.	Cambrid e,	Varyland	April	5, 1050
23. BURIAL, PEN	ATION, DAT	E THEREOF	NAME OF	CEMETERY OR	CREMATORY	LOCATION (City, low	n, or county)	(Stete)
REMOVALISP Buria1	A	pr.6,1956	Cam	bridge	Cemetery	Cambridge	,Md.	
24. REC'D BY REG	ISTRAR REGI	STRAR'S SIGNATU		1/3	25. FUNERAL DIRECTO	'S SIGNATURE	ADDR	ESS
DATELIALIE	1956	John V	1010 Ph	(1)	Dewett +	Survey Cambr	idge.Md.	
7			111		1			

BUREAU V. S.

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32C1 9 89A

PING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATT

VS A15 (4) 15M 9/\$\$ 100

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE	OF	DEATH
CERTIFICATE	VI	DEATH

03970

_		4	101	CERT	IFICA	TIE OF	DEAIL	1		Reg. D	ist. No	11	0
1.	PLACE OF DEATH	rchester	7 V JL	MAF	RYLAND	2. USUAL I			d lived. If instituti b. COUNTY				ion)
	b. CITY OR TOWN	(If outside corporate limineorest town) OCK — Rural	s, write	c. LENGTH OF STA		c. CITY			rote limits, write R	URAL and	give ne	arest lown)
1				48 years			Hurle	ock -	Rural				3
	OR INSTITUTION	ITAL (If not in hospital, g				d. STRE	ET ADDRESS					e. IS RES	IDENCE FARM?
0	0	Williamsbur	g, Mo	1. Road			William	nsburg	Road				NO 🗌
3,	NAME OF DECEASED	Fir		Midd	_	*	Lost	4. DATE OF	Mor		Do		Year
-	(Type or print)	Joh		Fran			tler	DEATH	Apri		22		956
3.		6. COLOR OR RACE				B. DATE OF		-	9. AGE (In years lost birthday) 61 yrs.	Months	Days	Hours	Min,
10	Male	ON (Give kind of work of	WIDOWI	Separat Separa			2, 189			lan a	717711		
	during most of war	rking life, even if retired)	Jone 105.	Fish Hous		1	rginia	or toreign co	ountry)	12. (U.S.		COUNTRY
13	FATHER'S NAME	a.borer		FISH 1005	G		R'S MAIDEN N	JAME			0.0	J.L.	
2	Unkno	7.70					known	av.rere					
15	1	ER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY N	O 17 IN	IFORMANT	LATIONII		Add				
(h	is, no, or unknown) NO	(If yes, give wor or dates of s	ervice)	21-20-3520			Butle	r, Hur	lock, Ma		id, F	.F.D	
	Canditions, if a gave rise to cause (a), stoting lying cause last.	the under-	-	In the t	one	vel	ende	roa	acular.	Lison	ae	5 m	re-
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATER	TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS A PERFO YES [NO NO
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRISE HOW INJURY	OCCURRED). (Enter natu	re of injury in I	Part I or Part	I II of item 18.)				-
MEDICAL	20c, TIME OF INJUI Haur a. m. p. m.	RY Month, Day, Yea	While	Not while at work			RY (Home, farm ffice bldg., etc.		or town)		(County)		(Stote)
	21. I certify it olive on ACTUAL SIGNATURE	hat Lattended the	deceas	7		accurred	t, 10Q	MM, from	1950 the causes of the causes	and on			
	PHYSICIAN'S NAME (Type)	Wich	24	YISEY			40	rlog	ck l	Md.			1
L	REMOVAL (Specify Burial	April 65		Washi		Cemet		Near	r Hurlock	or county) Ma	ryla	nd (Stale)
23	J.J. Frampt	rs signature com and Son,	Fede:	ralsburg,	Md.		24a. REC'S	o by regist you gs	RAR 245 REGIS	STRAR'S SI	GNATH	ash	Top

St april 22 St Hurlock, Med St 1878 J. s.c 4 23 56 W. C. HZYVISON M

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VS. ATSME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3985

()3971

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Reg. Dist. No.

		LACE OF DEATH	Dorchest	er	MARYLA	ND	a. STATE		ned tived. If Institu b, COUNT		ence bei	fore admi	ission)
0	b	. CITY OR TOWN [If and give regrest town]	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	7 1 1 1	parate limits, write	RURAL ON	give n	earest lo	Wing 2
2	18	white I a					1 77	rale					
1	01	MAME OF HOSPITA	AL OR INSTITUTION (pital, give street oddress)		d. STREET ADDRESS	2 (7 - 2				ON	A FARM?
1	- 0	NAME OF DECEASED	Fir	10 10	Middle		Lost	4. DATE OF	Monti)	Doy	Y	oor
	- (Type or print	Josiah	- 10	fulton (en	hos	DEATH	Annal		15.	1	9 56
	5. 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED] B. I	DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UND	ER 24 HRS.
	3	Male	Colored	WIDOWED	DIVORCED [U	une 6, 190	9	lost birthday)	Months	Doys	Hours	Min.
1	10a.	uring most of working	ON (Give kind of work g life, even if retired)		IND OF BUSINESS OR IN	DUSTR	hurlock,		country)		ZEN O	WHAT	COUNTRY?
	13.	FATHER'S NAME			Maria Val. 14		14. MOTHER'S MAIDEN N	AME		,			
		John H	Caphas										
	15		R IN U. S. ARMED FO	PCES2 114	SOCIAL SECURITY NO. 11		ORMANT S HO	SA	Address				
8		no, er unknown)	(If yes, give war or dates of	service)	- 1	, ma			Aguress				
No.		Yas VI	USU IT	2	19-00-2831	L	Villa W. Co	311.0	Hunla	1.			
			H [Enter only one can	se per line i	for (o), (b), and (c).]					,	INTE	T AND DE	EEN ATH
			H WAS CAUSED BY: IMMEDIATE CAUSE (6)	Int	racranial	in	iuries due	to	m11744 17		11	מווחר	2 (1)
1		823X	DUE TO	-			0	47 44)	1		
-5		Conditions, if a	1000	7	ractures s	KU.	11.						
		gave rise to immed	liote couse								-		
		(o), stoting the u											
	_) (c)		A STATE OF THE STA							a Size	
3	Ö	PARI II. OIH	EK SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH B	DINC	NETWIED TO THE TERMI	NALDISEA	SE CONDITION GIV	EN IN PAR	1 1(a) 1	PERFO	RMED?
	3			_								YES 🗌	NO 🔲
	CERTIFICATION	200. EXTERNAL CAU	SE WAS	b. DESCRIBE	HOW INJURY OCCURRE	D. (En	ter noture of injury in Part	I or Part I	of item 18.)				
		PRIMARY OF CON CAUSE OF DEATH.	i i	ssen	er in car	100	و ا ف الله الله الله الله الله	2 0	ff road	42.22 13	- E		
	SI	20c. TIME OF INJUR		ar 20d. I	NJURY OCCURRED 20e.	PLACE	OF INJURY (Home, form,	20f. (Cit	y or town)		unty)	31.0	(Store)
7	MEDICAL	Hour o. m.	Amaila No	While	Nat while	factor	y, street, office bldg., etc.)	1					
1	-	2.25 p.m.				-	lvay		rlock	Doro			
	- 1				emoins described						Y	ond	find that
		death resulted	from: Notural	couses	, Accident ,	Suici	de [], Homicide	_, U	Indetermined o	ouse			
			/	0	0								
ζ.,		SIGNATURE	Alra	,12	20cex		M.D. CHIEF MEDICAL EX	AMINER [3			DATE	IGNED
						-	ASSISTANT MEDICA	L EXAMIN	ER []				
		EXAMINER'S NAME (Type)	John Mace	, J., L).		DEPUTY MEDICAL E	XAMINER	A 13 10	. 7 7	0	7	,
	220.	BURIAL CREMATIO	N, 226. DATE THEREC)F	22c. NAME OF CEMETERY	OR C	REMATORY	22d. LOC	TION (City, town,	ن صحف صد ف	7	(Stote	
		REMOVAL (Specify)	Annil	1015		-			Loat N		Luk		-
	23 1	ELINIEDAL DIRECTOR	COMMITTEE		ADDRESS	-	24- DECT	BY BEALS					-
	J	.J. Fran	ptom and	con.	, Bederals	hiir	Z. NO DATE	6 .	AND REOL	Ban	321	Me	ay 3
				,		ne tertiale	-DATE	Luri.	7 7 7 7 7	Mre	21	4 6	156



BUREAU V. S.

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VS A15 (4) 15M 9/55 M

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	03972
	CERTIFICATE	OF DEATH	(, 0 0 0 10

	4	102	CEKTIFIC	AIE	OF DEA	In		Reg. Di	st. No.	16
1. PLACE OF DEATH e. COUNTY	orchester		MARYLAND		JAL RESIDENCE (STATE		b. COUNTY	-	ce before	admission)
b. CITY OR TOWN (RURAL and give n	If autside corporate limi	ts, write	c. LENGTH OF STAY IN 16	с. (orate limits, write F	URAL ond	give neares	it lown]
y Ga	mbridge		since 2/11/5	5	Feder	ralsbur	g		03	5 X - 2
OK INSTITUTION	TAL (If not in hospital, g			d.	STREET ADDRESS 221 1	Maple A	venue		1	IS RESIDENCE ON A FARM? (ES NO K)
3. NAME OF DECEASED (Type or print)	Aure		Middle	Co	lost	4. DATE OF DEATH	Mor	_	Doy	Year 19 56
5. SEX			IED NEVER MARRIED	8. DATE	OF BIRTH	1	9. AGE (In years			UNDER 24 HRS.
Female	White	WIDOWE		Nov	7. 11. 18	869	lost birthday) 86 yrs.	Months	Days H	fours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	ione 10b.	KIND OF BUSINESS OR IND				country)	12. CIT	IZEN OF	WHAT COUNTRY
Housewife	king life, even if retired		Home		Marylar	nd			U.S.A	
13. FATHER'S NAME				14. N	OTHER'S MAIDE	N NAME				
Na	thaniel Med	font			Rowena	Hurlo	ck			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORM		11000	Add	ress		
No	(If yes, give war or dates of s		nknown	Easte	rn Shore	State	Hospital	Reco	rds	
IB. CAUSE OF DEA	ATH [Enter anly one ca								INTERV	AL BETWEEN
	ATH WAS CAUSED BY:		•	Brone	hopneum	nnia			ONSET	AND DEATH
422.7	DUE TO								-	udy o
Conditions, if a	iny, which) (b			Gener	alized /	irterio	sclerosia	,	Ur	nknown
gave rise to i cause (a), stating lying cause last.				Chron	ic Myoca	arditis			Ur	nknown
5				Senil	e Psycho	osis		EN IN PAR	1	WAS AUTOPSY PERFORMED? ES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	NOD. DESC	CRIBE HOW INJURY OCCURR	IEU. (Enter	nature of injury	in Port I or Por	rt II of item IB.]			
20c. TIME OF INJUR	RY Month, Day, Yes		1 6		INJURY (Home, fo		y or town)	(0	County)	(State)
p. m.	19	While at work		ocioty, an	eci, othos bidg.,	010.7				
21. I certify th	not I attended the	decease	d from 2/11		19 55 to	1./11.	10 54	that I	lact tow	the decease
olive on	4/13	. 19	56 , and that deat	h accur	red at 6:4	OAM from	m the course of	and on the	ha data	stated show
6		0	A	00001	104 01		itreet, city or town,		ie date	DATE SIGNED
ACTUAL SIGNATURE	west H.	red	dick-	4 n S	tate Hos		Cambride			1./11./5
		1		_ m.b <u></u>		CRUCK SAPT	7.68151.774	P.A. FAM	·	H-Y-H-73
PHYSICIAN'S NAME (Type)	Robert H. F	leddi	ck. M.D.							
220. BURIAL, CREMATIC REMOVAL (Specify)	N. 22b. DATE THEREO	F	22c. NAME OF CEMETERY			22d. loca Fede	TION (City, town,	or county) Mary	land	(State)
23. FUNERAL DIRECTOR			ADDRESS		24g, RF	EC'D BY REGIS		STRAT'S SIC	-	
22 Farm	for Sin	4	ederalshan	100	DATE	Geril :		W	12000	10
11/0001/1	A Court Confere		- Comment	11	THE DATE	TIPUL B	W 14126	EM	· nac	IN. No

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



certificate

HOSPITAL



1		T		MARYL	AND STA	ATE DEPARTM	ENT OF HEA	LTH-BALTIM	ORE, 18	0.3	3976
	_			398	8	CERTIFIC	ATE OF DE	ATH	F	رب ر Reg. Dist. No	
Page 4	Fig Page	1.	PLACE OF DEATH	orchester		MARYLAND	2 USUAL RESIDENCE O. STATE Mary	CE (Where deceased lived.	If institution:		ore odmission) .e ster
heral	d be t		b. CITY OR TOWN RURAL ond give	(If outside corporate limit rearest lown)	s, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corporate lin	nits, write RUR	AL and give ne	carest town)
s offer by the fun	2 shauld be			ridge TAL (If not in hospital, gi Washingto		ss}	d STREET ADDR		St	*	e. IS RESIDENCE ON A FARM? YES NO A
- O	s 1 and 2.	3.	NAME OF DECEASED (Type or print)	Ernest	f	Middle	lost Flora	4. DATE OF DEATH	Month Apr		Year 19 56
within tely fil	P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ι,	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AG	E (In years IF		R IF UNDER 24 HRS Hours Min.
scuted a	. e		Lale	1 -1 0 - 1	WIDOWED One 10h KIND	OF BUSINESS OR INDI	February	22,1888 7	O yrs.		OF WHAT COUNTRY?
e execu	9		during most of wo	rking life, even if retired)			North	Carolina		USA	
	वृक्ष	13.	FATHER'S NAME	3.Ton 3.000 a.			14. MOTHER'S MAI				
rlificate b physician	2 hours		WAS DECEASED EV	ER IN U. S. ARMED FORG	ES? 16. SOCIA	AL SECURITY NO 17.	INFORMANT	Unkno	Addres:	1	
8 g	25 0					09-6620 I	ucy Flore	. Cambrid	ze, Ma	rylan	đ
e death attenda	plea			ATH [Enter only one cou ATH WAS CAUSED BY:	use per line for		Decompens	etion		IN	FERVAL BETWEEN
the o	Vent		420.1	IMMEDIATE CAUSE (o) DUE TO		Cardiac 1	o comperra	autom			
s the			Conditions, if			Coronary	Heart Di	sease			
requires an. n signed	- P		gave rise to cottse (a), stating lying cause last	the under- DUE TO		Myocardia	al infrac	tion			
he law physica nas bee	naval, ar	CERTIFICATION			DITIONS <u>CONTR</u>	NEUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE CON	DITION GIVEN	I IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO
IAN: Thending	the bur		20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	YAS UNDERLY'NG ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	D. (Enter noture of inju	ury in Part I ar Part II of i	tem 18.)		
PHYSIC of or att	emation	MEDICAL	20c. TIME OF INJU Hour a.m. p. m.		While	OCCURRED 20e. P	ACE OF INJURY (Home actory, street, office bld	e, farm. 20f. (City or tow g., etc.)	rn)	{County) (State)
Spir Spir	ed for			hat I attended the							aw the deceased
	buri		alive on Ap	1.11 0.	1956	and that deat	accurred at	M, fram the ADORESS (Street, ci			ate stated above. DATE SIGNED
OR AI	d be d		ACTUAL SIGNATURE	Jedo Ja	xxi	<i>>></i>	M.D. 227 F	ine Street	-Camb	ridge,	, Md-4-9-
retoi RAL	shoul strar		PHYSICIAN'S NAME (Type)	. EDWIN F	ASSETT	,M.D.				Mary parties with the sales, when publication signs on one	
HOSP TOY be FUNE	poge 3	22	REMOYAL [Specif	ON, 226. DATE THEREO		NAME OF CEMETERY		22d. LOCATION (C		_ **	(Stole)
5 _E 5		23	Burial Funeral Directo	R'S SIGNATURE		augh Ceme	240	Cambric RECTO BY REGISTRAR		LATYLA	
VS A15 15M 9	5 (4) /55	1	Will have	Call for	High S	t-Cambrid	ge,Md.	1 Geril 12, 1951		Ka Iti	24. 1h. K.
		-	/					•			

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JOST & YAM

W. SECEDAEN

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		man	LAND	STATE DEPA	KIWF	NI OF HEALIF	I-DAL	TIMORE, I	0	UKA 1	(3)
		39	90	CERTI	FICAT	E OF DEATH	1		Reg. Dist.	No. //	5
	1. [PLACE OF DEATH 2. COUNTY Dorchester		MARY	l l	USUAL RESIDENCE (WHO STATE Florida		d lived. If instituti b. COUNTY	on Residence St. Jo	before admi	ssion)
		b. CITY OR TOWN (If outside carporate lin	mits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o					vn)
10		RURAL ond give nearest town) Cambridge		1 Day		St. Augus	tine			27	
		d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street	address)		d. STREET ADDRESS				e IS RE	SIDENCE A FARM?
, ,	L	Cambridge Marylar	nd Hos	pital		A 1 A Sout	h				NO K
		DECEASED	Fint NT GIR	Middle	GI	ROVES	4. DATE OF DEATH	April		Day 17	1956
7	5. 5	6. COLOR OR RACI	E 7. MARE	RIED NEVER MARRIE	D 🔯 8. I	DATE OF BIRTH		9 AGE (In years last birthday)		YEAR IF UNI	
		Temale White	WIDOWI	_		April 17 195	-	yrs.			
	100	. USUAL OCCUPATION (Give kind of worlduring most of working life, even if retire	k dane 10b. ed)	KIND OF BUSINESS OF	R INDUSTR	Y 11 BIRTHPLACE (State	ar foreign c	ountry)		EN OF WHA	T COUNTI
- /	L.	None Infant				Cambriage	, Mar	yland	U	J.S.A.	
	13.					14. MOTHER'S MAIDEN N	_				
1	15	Marvin Groves WAS DECEASED EVER IN U. S. ARMED FO	DRCES2 14	SOCIAL SECURITY NO	117, INFO	Barbara An	n Dug	an Add	Pents		
TÀ	[Ye	i, no, or unknown) (If yes, give war or dates of	f service)	None		. Marvin Gro	TOF	St. Augus		Florie	da
- /	=	NO 18. CAUSE OF DEATH [Enter only one	couse per lis			· LIGHT VILL CIT	ves	Do. Augus	OTHE	INTERVAL	
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(o) Pr	ematurity s	nd In	maturity (2	7 weel	(8)		12 hou	rs 1
		Canditions, if any, which gave rise to immediate couse (o), stoling the under-tying cause last.	(b)	ematurity a	and Im	maturity (2	7 weel	(8)		12 hou	rs 1
0	ICATION	Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause last. Part II. OTHER SIGNIFICANT CO	(b)(O)(C)(C)(C)(C)(C)(C)(C)(C)	•	NTH BUT NO					(a) 19. WAS	AUTOPSY ORMED?
0	1 CERTIFICATION	Canditions, if any, which gave rise to immediate course (c), stoting the under-tying course last.	(b)(O)(C)(C)(C)(C)(C)(C)(C)(C)	CONTRIBUTING TO DEA	VIH BUT NO		NAL DISEAS	E CONDITION GIV		(a) 19. WAS	AUTOPSY ORMED?
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عدى	3991 CERTIF	CATE OF DEATH Reg. Dist. No. 1/6
wit with	1. PEACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived If institution Residence before admission) o. STATE b. COUNTY
ğ	<u> Dorchester</u> MARYLA	Florida St. Johns
9 .	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
景 13	Cambridge 1 day	St. Augustine
sho	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. 15 PESIDENCE ON A FARM?
9 0 1	Cambridge Maryland Hoppital	A 1 A South YES NO
	3. NAME OF First Middle DECEASED (Type or print) INFANT BOY	GROVES 4. DATE Month Day Year OF DEATH April 17 19 56
60	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HIS In the state of the state
ęł.	Male White WIDOWED DIVORCED [April 17 1956 quele lost birthdoy) Months Days Hours Min
e . S D o o	10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR I during most of working life, even if refired)	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
200	None Infant	Cambridge Maryland U.S.A.
e e	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
8 °	Marvin Groves	Barbara Ann Grax Dugan
יייסני .	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	7, INFORMANT Address
12	(Yes, no. or unknown) No No No No No No No No No N	Mr. Marvin Groves St. Augustine, Florida
pri I	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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2	dive on is and that do	ath occurred at 10:30AM, from the causes and an the date stated abo
52	ACTUAL TON 24 NICHEN DON	MD. 15 Locust Street, Cambridge, Md. 4-1
2 2	SIGNATURE CLOSE TO THE TOTAL TO THE SIGNATURE	M.D 15 Locase Screet, Calibriage, Ma. 4-1
stror	PHYSICIAN'S NAME (Type) The E. H. Wolff	Locust Street Cambridge, Maryland
2 (2) 2 (2)	220. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETE	Y OR CREMATORY 22d. LOCATION (City, town, or county) (State)
60 of	Burial L/19/56 Greenlawn	
마꾸	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
4)	LeCompte Funeral Service Cambridg	e, Marylandonte historial John (Due)
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50 mm F	-	3.	NAME OF DECEASED	Fi	rşi	Middle		Last	4. DATE	Мо	ith	Day	Yeo)f
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fter be and	- 1		Retired C	larpenter S	Belf em	poloyed		Cambridge	R.D.			U.S.		
J. 2 J. 2 S J. 2		13.	FATHER'S NAME					14. MOTHER'S MAIDEN N						
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he o			EXAMINER'S NAME (Type)	William	V Lo	vitt, Jr.,	M. I	DEPUTY MEDICAL	EXAMINER [1.	1/27/	56	
cute the forward or ren	am	22a		N. 122b. DATE THERE	OF	27c. NAME OF CEMETERY Dorchester M	OR	CREMATORY		TION (City, town			(Stote)	
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TO HOSPITAL OR ATTENDING TYSELIAN: The low require that the death certificate be executed within 2 leaves after this received by hospital or attending physician may be retained by hospital or attending physician and campletely filled in by the funeral director. TO FUNERAL DIRECTOR: "After this certificate has been signed by the attending physician and campletely filled in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours detached.	Poge 4	director, ed with
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	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	ive street (address)		d. STREET A		lwood				FARM?
3.	NAME OF DECEASED (Type or print)	fir Ang	ela	Middle Dont	18.	ان Je n k	1	4. DATE OF DEATH	Month Apri			Yeor 19 56
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13.	FATHER'S NAME Alon	zo Tripp				14. MOTHER'S		_{ME} Jenkin	S			
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MEDICAL CERTIFICATION	20a. ACCIDENT WA	ER SIGNIFICANT CON 5 UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY OF	CCURRE				ONDITION GIVEN	1 IN PART 1(0)	PERFO	AUTOPSY PRMED? NO
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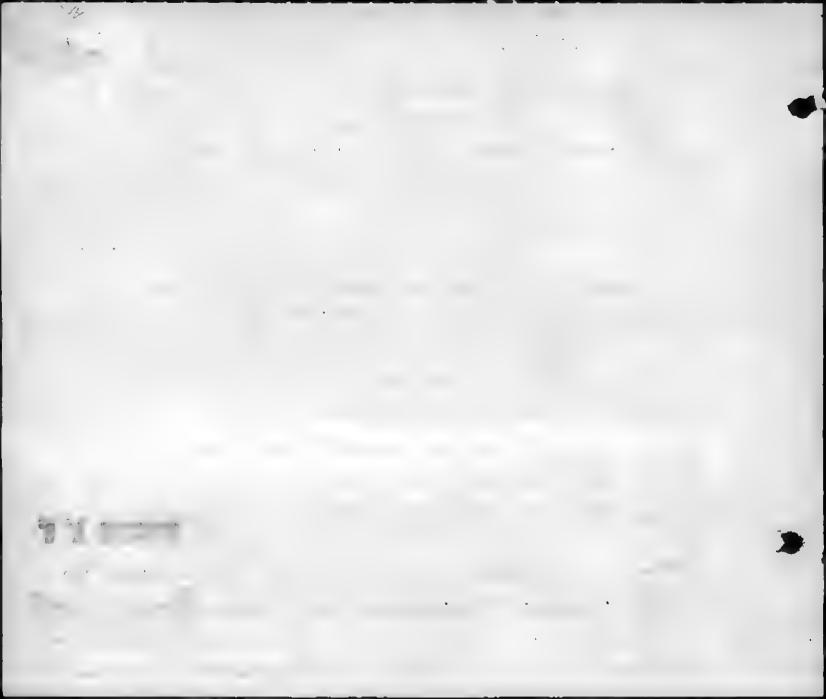
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	Dorchester		MARYLAN	MD	2. USUAL RESIDENCE o. STATE	[Where		ived. If institu b. COUNT	otion: Resid		
b. CITY OR TOWN RUBAL and giv	N (If outside carporate limi e nearest town) LAGE		ENGTH OF STAY IN	16	c. CITY OR TOWN		ide corpora	_	RURAL on	d give near	rest lown)
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3. NAME OF DECEASED (Type or print)	Fir Da i s	st .	Maude Maude		Love		DATE OF DEATH		onffa	22	
s. sex Female	6. COLOR OR RACE White	7. MARRIED E	NEVER MARRIED [_ 1	B. DATE OF BIRTH October 1	7.18		AGE (In year lost birthday)	Months		Hours Min
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15. WAS DECEASED [Yes, no. or unknown)	EVER IN U. S. ARMED FOR	irvice)	AL SECURITY NO. 1		Randal Lo	we,	Hurlo		_{kdress} rylan	d. R.	F.D.
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200. ACCIDENT	WAS UNDERLYING AND CAUSE OF DEATH				. (Enter nature of injury				IVEN IN PA	ART 1(o) 119	YES NO
20c. TIME OF IN.	19	While	Not while	. PLA	CE OF INJURY (Home, lary, street, affice bldg.	farm, , etc.)	20f. (City o	r town)		(County)	(Stot
signature	that I attended the	76	, and that de		occurred at	أحسا	W, fram		and an		e stated abo
PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMA REMOVAL (Spec BUTIA	TION, 22b. DATE THEREO		NAME OF CEMETER		CREMATORY cet Cemeter	220		M (City, town	or county	A r	1 25,
22 ELINEDAL DIRECT			ADDRECC		1.	REC'D B	iast A Y REGISTRA il 25			Maryl IGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after hi: Page 4 may be retained by 1 bapital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to be rial, crematian, or remaval, and in any event within 72 hours after death.

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TO DEPUTY MEDIC MAINER: This certificate should be enmuted within 24 Bours after death. If any delay is necessary please execute the certificates ing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. A should be farwarded to the C. Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3996 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Dist.	No.	1	14	

Reg.

	PLACE OF DEATH					2. USUAL RESIDENCE (Where deced	med lived. If Institu	lion: Reside	nce befo	odmi	wion)	
	a. COUNTY Do:	rchester		MARYLAI	ND	o. STATE Maryland b. COUNTY Dorchester							
	b. CITY OR TOWN jit and give negrest town)	cultide corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	łb	c. CITY OR TOWN (I	f autside co	rporate limits, write	RURAL and	give ne	arest to	wn)	
П	Cambridge		- 1	Cambrio	l re								
	d. NAME OF HOSPITA		d. STREET ADDRESS	*DY					ESIDENCE				
	Dorches'	ter Ave				Locust	t St					A FARM?	
3.	NAME OF DECEASED	Fir	w)	Middle		Lost	4. DATE	Month		Day	Y	ear	
	(Type or print)	Carlto	n	H.	7	leekins	OF DEATH	Apri	1	2	1	956	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		ATE OF BIRTH	1	9. AGE (In years	IF UNDER	TYEAR	IF UND	ER 24 HRS.	
	M	M	WIDOWED	DIVORCED [1 5	February 1	1899	57 yrs.	Months	Days	Haurs	Min.	
100	usual Occupation	N (Give kind of work	done 10b. K	IND OF BUSINESS OR IND	USTRY			country)	12. CITI	ZEN OF	WHAT	COUNTRY?	
	Bookkeepe:		Co	unty Roads C	lom.	Marvlar	nd			USA			
13.	FATHER'S NAME					4. MOTHER'S MAIDEN I				0 10			
	William H	. Meekins				Nettie H	ırst.						
	WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO. 17	7. INF	ORMANT		Address					
170	No	(If yes, give war or dates al		nknown	Mi	rs Carlton I	Meekir	s Locus	t St	Camb	brid	18	
F		H [Enter only one cou				<u> </u>	-471141	20 2000		INTERV	AL BETWE	£N	
	PART I. DEATH WAS CAUSED 8Y1												
	4201 DUE TO												
	/											1	
	Conditions, if any, which gove rise to immediate course (b) Oversition the underlying DUE TO												
	(a), stating the u	nderlying (c)	,										
z	PART II. OTH			NTRIBUTING TO DEATH BE	UT NO	T RELATED TO THE TERM	INALD SEAS	SE CONDITION GIV	EN IN PART	T 1(o) 19	. WAS /	AUTOPSY	
ATIC			_							- · · v	PERFO	NO 17	
CERTIFICATION	20g. EXTERNAL CAU	SE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED). (Ent	er nature of injury in Por	t I or Port Ii	of item 18.1				110 12	
CER	20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) CAUSE OF DEATH.												
ž	20c. TIME OF INJUR	Y Month, Day, Yea	or 20d. II	NJURY OCCURRED 20e.	PLACE	OF INJURY (Home, form	n, 20f. (Cir	y or town)	(Cou	inty)		(State)	
MEDICAL	Hour o, m,	19	While at wor	TABL MINE	factory	, street, office bldg., etc	.)						
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		fram: Natural		The second product		de 🗍, Homicide		Indetermined c	-	7 [5]	ullu i	illia silai	
	death resolited	0	-	j, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0000	oe [_], Homicide	_г Ц, о	ingerermined c	aose [_]	•			
	ACTUAL	4	7 ~	- 0		CHIEF MEDICAL E	XAMINER [1			EL PETE		
	SIGNATURE	16-00	7	h		M.D. ASSISTANT MEDIC	_	4					
	EXAMINER'S NAME (Type)		,	,		DEPUTY MEDICAL				*1			
220		N, 22b. DATE THEREC	VE U	22c. NAME OF CEMETERY	OR C			TION (City, Iown, o	1,1121	<u>د ـ ـ ـ ـ ـ</u>	151-1	-1	
-	REMOVAL (Specify)				VK C	CHOCKET.			(County)		(State	1	
23	Burial FUNERAL DIRECTOR:	SIGNATURE	19561	Gambridge ADDRESS		1240 PEC	D BY REGIS	nbridge TRAR 76. REGIS	TRAPS SIG	1110	Md.	4	
3		e's Funera	1 Serv	rice Cambrid	ant-		6.00	100	DY	7	1	1 10	
L-	no compo	o b i wici a	_ DOI v	TOO OWNING TO	-60	DATE U	AVY 7	1920		tac	4-6	AAY	

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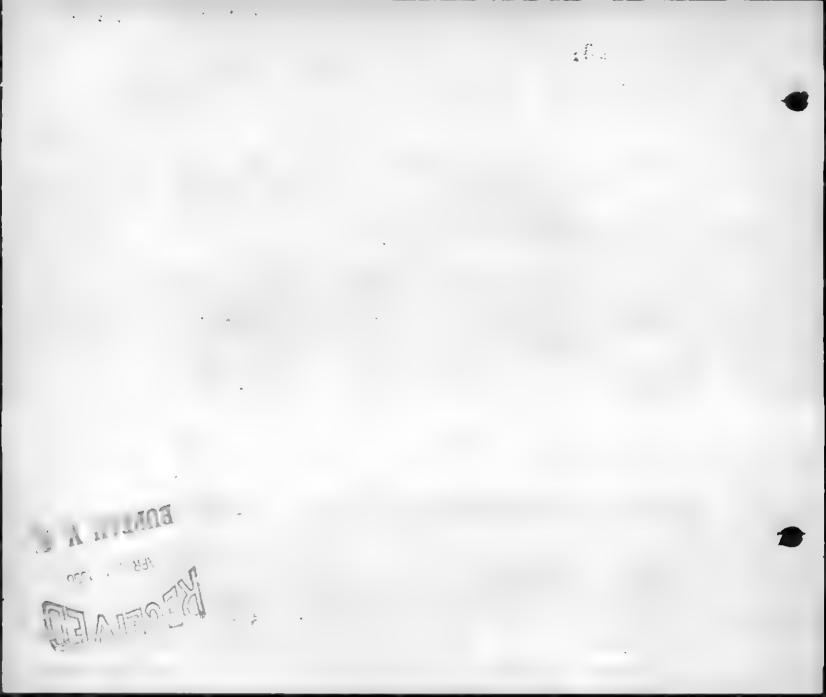
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 $()3995$
en e sia		4010 CERTIFICATE OF DEATH Reg. Dist. No. ///
Pose Miles		LACE OF DEATH COUNTY SALES LES LES MARYLAND 2. USUAL RESIDENCE (Where decepsed lived If institution: Residence before of mission) o. STATE MARYLAND D. COUNTY For Measure
unerak Id be fi	6	EITY OR TOWN (1) outside corporate limits, when he LENGTH OF STAY IN 16 POTY OR TOWN (1) outside corporate limits, write RURAL and give negest town) RURAL and bus placest town). RURAL STAY IN 16 POTY OR TOWN (1) outside corporate limits, write RURAL and give negest town).
rs offer on the fundamental		NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO.} \)
24 hou lled in 1 is 1 and	1	NAME OF CIAVENCE Le Compte Sax Ton 4. DATE Month Day Year 1956
l within letely fill s. Pages	5.43	1. MARRIED NEVER MARZIED B. DATE OF BIRTH 9. AGG (In years FUNDER 14 FOR 14 HOURS Min. Min
d camp o paper death.	2	USUAL OCCUPATION (Give Kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BUSINESS OF FOREIGN COUNTRY) Auting prost of working life eyen if fetyed! AUTICLE (Stote or foreign country)
cian an corbon	13	PATHERS NAME 14 MOTHER'S MAIDENHAME Compte
certificate g physicia Temave co 72 haurs a		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177 INFORMANT () Address () 18 yes. give were or dollar of service) () 18 yes. give were or dollar of service)
attendin within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] (i) 11. 11. 11. 11. INTERVAL RETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
that the by the r. Ther		Condition if any which
signed in an		gove rise to immediate cotte (a), storing the under DUE TO Level 1 (City Je Central Cotte (a), storing the under the
e law re physicial is been al-transi	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The	CERTIFIC	20g ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18)
HYSICI I or offer his cert f use as t action,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Notwark of work
Affer the ridi, cre		21. I certify that I attended the deceased from 3/, 19.0 to 19.50, that I last saw the deceased
by the detocl		alive on
IAL OR etsined AL DIRE hould by rar prior		PHYSICIAN'S (1-, LT3 ERT ENISON MEEKINS M.L.
HOSPET	220	BUR AL CREMATION 22b. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 100 LOCATION (CITY-JOWN, or county) (5)610) (CITY-JOWN, OR COUNTY) (SMOYAL ISPECTED AST NEW MARKET, MA
2 E 2 A 5 (4)	23	MILE STATURE CONTINUE
15M 9/55		The state of the s



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18 5	10.	en s ir m	* Pinera ME	DICA	LEXAMIN	ER'S	CERTIFICA	TE OF	DEATH	Reg. Dist.	No 11	6	
and and	7.	PLACE OF DEATH	4)11				2. USUAL RESIDENCE (Where decea	sed lived. If Institu			mission)	
Sept Sept Sept Sept Sept Sept Sept Sept	[_	o. COUNTY	Dorchester		MAR	YLAND	o. STATE Mary	land	b. COUNT	Y Balt	imore	ا م	
Series Series		and give nearest town	f outside corporate limits, west of	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I		porate limits, write	RURAL and gi	ve nearest f	own)	
g (3%)		Hudao	TAL OR INSTITUTION (6	1 day		Baltime d. STREET ADDRESS	ore			- V	RESIDENCE	
directo directo iles.			AL OK INSTITUTION (r nor in nos	piral, give street daare	196)	1	Lakew	rood Ave.		10	NA FARM?	
my del uneral yaur f egistra		NAME OF DECEASED (Type or print)	Arthur		Middle		ncheomb	4. DATE OF DEATH	Month Apri		Day	Year 19 56	
o the formed for	5 5	Male	6. COLOR OR RACE White	7. MARRIE	ED NEVER MARRIE		Dec. 6, 189	4	9. AGE (In years low burthday) Olympia.	Months Da		Min.	
deal deal	100	. USUAL OCCUPATE	ON (Give kind of wark on glife, even if retired)	done 10b. K	(IND OF BUSINESS OR	INDUST	11. BIRTHPLACE (Stote	or foreign	country)	12. CITIZEI	N OF WHA	T COUNTRY?	
be and		Print			ovt. Printi		f. Cambrid	ge, Md		U	.S.Z.		
moy T se	13.	FATHER'S NAME	~!! I	1.			14. MOTHER'S MAIDEN						
24 hour Poges I gage 5 m e poges		WAS DECEASED EV	in Stinchcor	RCES? 16.	SOCIAL SECURITY NO	. 17. 10	Frances	Seward	Address	·			
il a giff	{Yor	i, no, or unknown) NO	If yes, give war or dotes of	senice)		1	lartin Mered	ith. C	lambridge.	Md.			
with Gift.			TH Enter only one cou	se per line i	for (o), (b), and (c).]						INTERVAL BETWEEN		
rin Per		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Coronary	occ]	usion				Instant		
exec the form		420.1	DUE 10							}			
olyte olyte		Conditions, if a gove rise to imme	diate couse										
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2 E = 2	Z		HER SIGNIFICANT CON	DITIONS CO	ENTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PART I	o) 19 WAS	AUTOPSY	
ding of	CATION					_					YES [NO X	
is certification of the control of t	CERTIFIC	20a. EXTERNAL CAPRIMARY OF COLORE OF DEATH.	NTRIBUTING 🔲 📗	b DESCRIBE	HOW INJURY OCCU	RRED. (E	ster nature of injury in Par	t 1 or Port II	of item 18.)				
R: The ward I Exclude shou	WEDICAL	20c. TIME OF INJU	RY Month, Day, Yea			Oe. PLAC	E OF INJURY (Home, formander, street, office bldg, etc.	n, 20f. (Cit	y or fown)	(County	·)	(State)	
dica dica	WED	Haur o.m.	19	While of wa	rk at work								
XAN Jing F Me		21. I certify the	hat I toak charge	of the r	emains describe		e, held on Autops		nspection 🗓.	Inquiry	, and	find that	
ğ		death resulted	from: Natural	causes 🛚	, Accident	, Suid	ide 🔲, Homicide	ະ 🔲. ບ	ndetermined o	ause 🔲.			
MEDIC relificat to the DIREC		ACTUAL	4	2.			CHIEF MEDICAL E	VALUE CO	,		DATE	SIGNED	
AE erriffication of the filter		SIGNATURE	fe com	m	1		M.D. CHIEF MEDICALE		•		4/1/	56	
DEPUTY In the certification of		EXAMINER'S NAME (Type)	John Ma	ce Jr.	M.D.		DEPUTY MEDICAL		. 4				
2 0 = =	220	BURIAL CREMATIC	IN, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	TION (City, Iown,	or county)	(Sto	te)	
5 2 5 0		Burial	4/4/56		Baltimore	Cem			imore Mar				
VS. A15ME(5)	23.	Shi munek	's signature Funeral Hor	ne Bo	ADDRESS	[amr]	and 1	D BY REGIST		TRAR'S SIGN	YTURE	V1 10	
5M 9/55	L	DILLIIOTICK		TO DO	LA CENTROL C , 13	CALLY Y	DATE	Irl 5	1956	then !	fall	11	
									V				

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY Dorchester o. STATE **b.** COUNTY MARYLAND Marvland Ceci I b. CITY OR TOWN (if outside corporate limits, write RURAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town! 2Lvrllmo.11das Cambridge North East 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior Eastern Shore State Hospital YES NO IN NAME OF First Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) Harry April 10 19 56 Thomoson 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. the 3 to the fool birthday) Months Days Hours Min WIDOWED [7 DIVORCED [2-7-89 YES. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2 0 during most of working life, even if retired) ond þe Farmer Marvland U.S.A 1, 2, moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges 5 r William Thompson Hannah Corgaw Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Eastern Shore State Hospital Redords Unknown Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Min Coronary Acclusion 430. **DUE TO** Conditions, if ony, which gave rise to immediate cause buriol DUE TO (o), stoting the underlying cause lost. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 000 Ö PERFORMED? NO T YES I 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) þ PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) factory, street, office bldg., etc. Hour While D. M. Not while CO of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and find that To the CAR death resulted from: Notural causes ... Accident []. Suicide . Homicide . Undetermined couse . **ACTUAL** DATE SIGNED SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAM, NER **EXAMINER'S** John Mace Jr. M.D. NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stote) REXIOVAL (Specify) Ò 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAT'S SIGNATURE VS A15MEII 5M 9/55 DATE

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M M/SS

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	MARYI 4.0		STATE DEPARTA	AENT OF HEALT	H—BALTIMORE, 1 H	18 03998 Reg. Dist. No.
1. PLACE OF DEATH	411	7-9-		2. USUAL RESIDENCE (W	there deceased lived. If instituti	ion: Residence before admission)
o. COUNTY DO	orchester		MARYLAND	o. STATE Mary	Land b. COUNTY	Dorchester
b. CITY OR TOWN RURAL and give	(If outside carporate limi	ts, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside corporate limits, write f	RURAL and give nearest town)
Federal	Lsburg - Ru	ral	55 years	Feder	ralsburg - Rura	1
d. NAME OF HOSP OR INSTITUTION	River Ro		oddress)	d. STREET ADDRESS	Road	e. IS RESIDENCE ON A FARM? YES 🗗 NO 🗌
3. NAME OF DECEASED (Type or print)	Fir Mi]		Middle Parsons	Tipton	4. DATE MODE APRIL	16 Day Year 19 56
s. sex Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH April 16,	1891 9. AGE (In years lost bightday) 65 yrs.	Months Days Hours Min.
100. USUAL OCCUPAT during most of wo Cabinet	ION (Give kind of work orking life, even if retired taker	done 10b.	KIND OF BUSINESS OR INDI Carpentry	JSTRY 11. BIRTHPLACE (Stole Annapolis	e or foreign country) 5, Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN		
	non A. Tipto			Georgia /	A. Baer	
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of a	ervice)		informant irs. Flora H.	Tipton, Federa	lsburg, Md., R.F.
PART I. DE)	ine for (o), (b), and (c).] Myocare Corona	Sud In	Jarction	INTERVAL BETWEEN ONSET ON DEATH
gave rise to cover (a), stating lying couse last	the under: DUE TO			0		
CATIC		DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO
20a. ACCIDENT WOR CONTRIBUTING	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of item 18.)	
ZOc. TIME OF INJU Hour o. m. p. m.	10	ar 20d. I While of war	Not while	LACE OF INJURY (Home, far octory, street, office bldg., et	m, 20f. (City or town)	(County) (State)
21. I certify to olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that Lattended the	deceo:		14, 156, to 0 h occurred of 11:20		, that I lost saw the decease and on the date stated above state) DATE SIGNE
220. BURIAL, CREMATI REMOVAL (Specifical Control of the Control of	ON. 226. DATE THEREO	, 1 95	22c. NAME OF CEMETERY C Hill Crest		22d. LOCATION (City, fown, Federal Sourg	or county), Maryland (Stote)
23. FUNERAL DIRECTO	rs signature tom and Son	, Fe	ADDRESS deralsburg, Ma	ryland DAY	1 (11 m M (311	ISTRAR'S SIGNATURE HUS WAS BURNED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF BRATH

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ORAL DECEMBER

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VS A15 (4) 15M 9/55

		STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
-	4587	CERTIFICATE	OF	DEATH	n

03999 Reg. Dist. No. //2

3.	g. COUNTY					2. USUAL RES	IDENCE (Wh	ere deceased	lived. If instit		ence befare	odmission)	
Т		rchester		MA	RYLAND	a. STATE	Marvl	and	b. COUN	Selfon.	cheste	270	
1	b. CITY OR TOWN (If RURAL and give ne	outside carporate limi arest town)	ts, write	c. LENGTH OF STA	Y IN Ib		TOWN (If a		rate limils, write		THE RESERVE OF THE	-	
- 4	Cambric		4	1 3 days			iville						10
Ł	OR INSTITUTION	AL (If nat in haspital, g	jive street	address)		d. STREET	ADDRESS				0.	IS RESIDENC	2/
10	/ Cambridge	e Maryland	Hosp	ital							Y	ES NO	
3	NAME OF	Fie	at	Midd	lle	te	261	4. DATE	N	lonth	Day	Year	
	(Type or print)	GREATH	en	W		TODI	0	OF DEATH	Apı	-57	21.	19 50	6
5	. SEX			HED NEVER MAR		B. DATE OF BIRT			9. AGE (In year	IF UNDE	R TYEAR IF	UNDER 24 H	
	Male	White	WIDOWI	ED DIVOR	CED []	Feb. 1	1. 188	1	last birthday	Months rs.	Days H	lours Mir	n.
Tie	o. USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (State o	ar fareign co	ountry)	12. C	TIZEN OF	WHAT COUN	VTRY?
	Waterman	ing the, even it remed		Seafood		Todo	dville	Mars	rland	1	U.S.A.		
13	. FATHER'S NAME					14. MOTHER			Territ		V a D a CL		
	Pansam P	गार्चन				37.4	T/						
11	Ransom B.		CE\$2 14	SOCIAL SECURITY N	10 17 1	NFORMANT	Known			ddress			
	Yes, no. or unknown) (1	If yes, give war or dates of s		SOCIAL SECORITI IN	0. 17. 1	NO CONTACT			^	Doress			
F	No					rs Thelm	na J. '	Podd	Toddvi	le, Ma	arylar	ıd	
		TH [Enter only one co	use per lin	ne far (a), (b), and (c).]_	0	A		n /31		INTERV	AL BETWEEN	7
П	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		rlenge	Veny	live Can	down	arch	on Ri	Demas	2	747/3	17
н	4	DUE TO										V	
н	Conditions, if an	w which)		*									
Н	gave rise to immediate												
П	Line constant												
12	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY												
12	PART II. OTH	EK SIGNIFICANT CON	DILION2	ONTRIBUTING TO L	EAIH BUI	NOI RELATED TO	O THE TERMIT	VAL DISEASI	CONDITION	SIVEN IN PAI	RT 1(a) 119.	PERFORMED?	SY
15		unin	red	- Com	and when	n el	rfare	han	-		Y	ES NO	
CENTRICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. Ænter nature	al/injury in P	art 1 ar Parl	II of item 18.)				
1			pr 20d, 17	NJURY OCCURRED	20e. PL	ACE OF INJURY	(Home, form.	20f. (City	or lown)		(County)	151	ate)
MEDICAL	Hour a. n.	19	While	Nat while	fo	ctory, street, affic	ce bldg., etc.				(Coomy)	(ore	maj
12	p. m.	17	at war	k at wark	1			,					
П	21. I certify the	at I attended the	deceas	ed from	-/6	, 19 <u>5 (</u>	c, 10_4	- 2	195	Lethat 1	last saw	the dece	ased
1	alive an	-24-5	6 12	and the	at death	occurred at	28	M, fran	the causes	and an	the date	stated ab	ove.
L	/			•					reet, city or tox			DATE SIG	
Н	ACTUAL	1150	2000	non	-	M.D.	CY	mille	ula		U	-21	- 0
Г	L					M.D			()				-293
	PHYSICIAN'S DI	. Wilbur M	I. Bar	umann		Chur	ch St.	Camb	ridge.	Maryla	and		
2	20. BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CE	METERY O	R CREMATORY		22d. LOCAT	10N (City, tow	n, ar county)		(State)	
	REMOVAL (Specify) Burial	11/26/56		Granza	asma C	eme bbr v			idge I				
2	B. FUNERAL DIRECTOR'S			ADDRESS		anier de la la y	240 DEC'S	BY REGIST		GISTRAR'S GI		Md.	
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MANAGER OF THE MENT, METO SIAM ON ANY MANAGEMENT AND STATEMENTS OF DEATH

